

**Lower Paxton Twp. Police Department
Alzheimer's Biography Sheet**

Name of Patient: _____

Current Address: _____

Name of Contact Person: _____

Address of Contact Person: _____

Phone # of Contact Person: _____

Patient's Date of Birth: _____

Patient's Nickname(s): _____

Patient's Height: _____

Patient's Weight: _____

Distinguishing features: _____

Additional Information: _____

Please attach a current photograph of the individual described on this form. Also, please note if the patient has displayed any particular fear of the police in the past. This information will allow the officer to determine the safest method of approaching the patient, which can be the most critical point of the encounter. Thank you for your participation in this program. Any questions can be forwarded to Officer John Stoner at (717) 657-5656.